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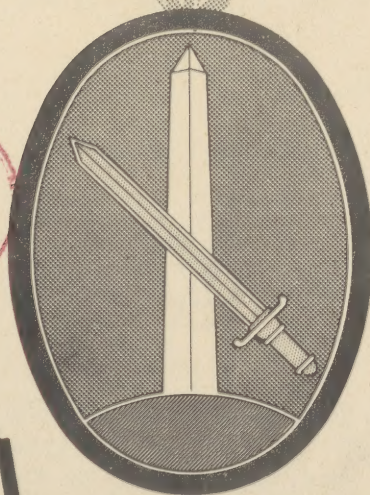
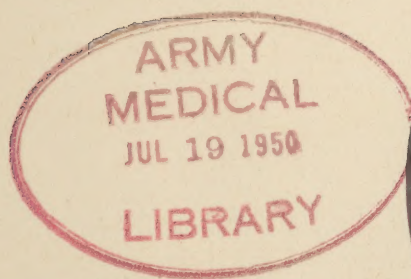
VOLUME 3

REPORT NO. 6

RESTRICTED

MONTHLY HEALTH REPORT

Military District of Washington



RESTRICTED

June 1950

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HEADQUARTERS, MILITARY DISTRICT OF WASHINGTON
Room 1543, Building T-7, Gravelly Point
Washington 25, D. C.



INTRODUCTION

This publication presents periodic health data concerning personnel of the Department of the Army in the Military District of Washington. It provides factual information for measurement of increase or decrease in the frequency of disease and injury occurring at each of the posts, camps or stations shown herein.

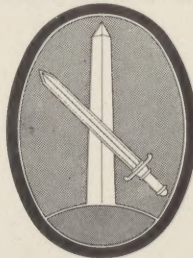
It is published monthly by the Military District of Washington for the purpose of conveying to personnel in the field current information on the health of the various military installations in this area and on matters of administrative and technical interest. Items published herein do not modify or rescind official directives, nor will they be used as the basis for requisitioning supplies or equipment.

Contributions, as well as suggested topics for discussion, are solicited from Medical Department personnel in the field.

ROBERT E. BITNER
Colonel, MC
Surgeon

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PROFESSIONAL SERVICES

MICRO BLOOD SUGAR by W. H. HUNN Chief of Laboratory, Gen. Disp. Fort Myer, Virginia

Normally a blood sugar test necessitates drawing from 3-4 cc of veinous blood so that a sufficient amount of filtrate is acquired for testing the sugar level. This very often presents quite a problem such as: an adult with exceedingly small and illusive veins; a very small child where a vena-puncture is not desirable or applicable; or a child where a series of vena-punctures are necessary, as in the glucose tolerance test. There is a growing demand for tests using smaller and more easily acquired amounts of blood. This procedure is adaptable to any field or hospital laboratory.

The following procedure for a micro blood sugar has been tested many times and found to check within 1-3 mg. of the results of tests conducted using larger amounts of blood. The method for acquiring blood is carried out the same as for blood count:

a. Sponge finger, or great toe, with alcohol and dry. Make a small incision using blood lancet or 20 gauge needle, or scalpel blade set in a cork. This should be deep enough so that the blood will well up at the slightest pressure.

b. Using a pipette made by cutting the tip end section from a 1 cc serological pipette, (approx. 2" in length) draw out and heal the cut end with the flame from a bunsen burner; draw 0.1 cc of blood and expell into a centrifuge tube containing 0.8 cc of $N/12 H_2SO_4$. Mix the solution by using a glass stirring rod and allow to stand for two minutes; then add 0.1 cc Sodium Tungstate, (10% Sol.) shake well or stir with a glass rod and let stand for approximately ten minutes. The mixture is centrifuged and supernatant filtrate is extracted for testing. If the filtrate is brown or cloudy it may be cleared by adding a drop of 10% H_2SO_4 and re-centrifuged.

The filtrate can also be made satisfactorily by using 0.1 blood in 0.7 cc of H_2O distilled, mix well - adding first the 0.1 cc of 10% Sodium Tungstate, mix and allow to stand for approximately five minutes - then add 0.1 cc of $2/3 N. H_2SO_4$ - mix by using glass rod instead of shaking as in all other procedures. Allow to stand approximately fifteen minutes.

c. Place 0.5 cc of the filtrate in a tube graduated at 1.0 cc and 6.25 cc. This tube can be prepared from a pyrex glass tube and constricting the end or by using a "Folin Tube". The dilution mark may be made by using a burette and measuring exactly 6.25 cc of a colored solution and etching the glass at fluid level with a diamond pencil. Care must be taken so as to not cut the glass too deep: otherwise the tube will break when placed in boiling water.

After the filtrate of patient blood is placed in tube, prepare two identical tubes for standard solutions. In these tubes place 0.5 cc of sugar standard solutions containing 0.2 mg and 0.4 mg/1.0 cc respectively.

d. Add 0.5 alkaline cupric sulfate (5cc $C SO_4$ plus 45 cc tartrate solution) to each tube. The tartrate solution is the same as that used in other methods.

e. Place in "water bath" and boil for six minutes.

f. Transfer all tubes to "cold water bath" for approximately three minutes.

g. Add 0.5 cc molybdate phosphate solution to each tube. Allow to stand until oxidation is complete, approximately 2-3 minutes.

h. Q.S. each tube, to the 6.25 mark with water distilled.

Calculation:

$$\frac{S}{U} \times D \text{ equal mg. sugar per 100 cc blood}$$

D equal 100 or 0.2 mg. of sugar standard (weak)

D equal 200 or 0.4 mg. of sugar standard (strong).

NURSING DIVISION

THE WORKSHOP - UNIVERSITY OF PITTSBURGH

by

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On Monday, 24 April 1950, at 0930 hours twenty-five Army and Air Force nurses assembled for a workshop. (A workshop is a free informal conversational type of classwork. No prescribed program is laid out, it is built upon the interests of the group.) These nurses came from all sections of the country. The states represented were California, Texas, New Mexico, Georgia, Mississippi, Wyoming, Utah, Illinois, Kansas, North Carolina, Kentucky, Massachusetts, New York, New Jersey, Washington, D. C., Maryland and Virginia. This representation gave us the opportunity of an interchange of ideas from the North, East, South, and West.

Orientation to the workshop was ably supervised by Mrs. F. A. Hay. She planned many interesting field trips to the hospitals connected with the University. We had lectures by experts in the following subjects: Psychology, Public Health, Counselling and Guidance, Psychosomatic aspects of Medicine, Surgical Nursing, Problems of Nursing Care, Need for Auxiliary workers and Trends in Nursing. Luncheons at the various clubs were arranged for the entire group, thus the social as well as the cultural activities were stressed.

One main problem of concern to this group was Staff Education. (Staff Education is an in-service program for the total individual and group instruction provided by the employer for the employee, in or outside of working hours. It is a tentative program for developing on the job in which they are engaged as full time workers.) This type of education gives one a mutual understanding of problems in the field of his particular interest. It promotes mental growth, develops poise, improves clinical skills and is a morale booster. A more wholesome attitude among the group is cultivated.

It is most apparent that in the changing society the nurse needs to adjust and keep abreast of the times if she is to maintain a high level of professional competence. She has the background, but needs to keep building upon it if she expects to advance with the growing needs of society. Her profession like others offers opportunities which must be met. It is through staff education that each nurse will find out more about her work, will think with others about common problems, and will develop ability to act with competence and judgment in relation to her daily responsibilities. Each nurse must work constantly for self-improvement. She must do the learning which is provided for her by others. It is up to her to be alert, attentive - she must think.

Group discussion is so important in Staff Education. An exchange of ideas enriches the individual's general background and gives her a deeper understanding of her worth. Freedom of expression should be encouraged, for many hidden problems will be brought to light.

We learned from our discussions in the workshop that staff education should not be limited to professional subjects, for education comes from all activities. A discussion of current events, a fashion show, a field trip all add to the individual's mental growth, as is a part of her living in this changing world.

Another problem of interest to the group was Guidance and Counselling. The lecturer brought out many constructive points. A happy individual will solve her own problems, and will draw upon her past experience. Counselling is advising, not telling. There is individual and group counselling. A better interchange of ideas comes through group counselling. For example - work as a group in a ward. Ask all for help, the corpsman, the maid, the auxiliary worker, each may have some splendid suggestion to offer. Let each person feel important as an individual, he is a human being. If the problem is discussed impersonally there will be greater cooperation in the group.

The Charge Nurse has a great opportunity as a leader. She needs to be a good listener, honest, sincere, flexible and have a deep understanding of those with whom she works. She must be a leader and never a dictator if she wishes to establish good support which pays dividends. Those who come for help will not always be helped, one may have a clash of personality. Let the past experiences provide for actions in the future. Either we progress or we regress.

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The workshop ended with presentations of papers prepared by the group. These papers summarized the work of the two week program, and much valuable information was presented. We learned that a workshop is a situation where people with definite problems come together to solve a problem or problems under the leadership of experts and of their own enthusiasm and energy. Our problems were solved by us and not for us. This experience at the workshop gave us ideas and plans which we hope will be translated into action in a real situation.

Bibliography.

1. Taylor, Anne M. R. N. "A Staff Education Nurses Program". A.J.N. Feb. 1940 PP.37.
2. Freeman, Ruth B. "Techniques of Supervision of Public Health Nursing". W.B. Saunders Co. 1945 PP.85
3. Whiting, Frederick L. "The Growth of Teachers In-Service". Appleton - Century N.Y. 1927
4. Beck, Sister Bernice M. "Staff Education Program". A.J.N. Sept. 1934 PP 901-907.
5. Notes from Lectures.

VETERINARY SERVICE

RABIES, THE PHYSICIAN'S DILEMMA

By T. F. SELLERS, M. D.

Wherever rabies is endemic among dogs, every physician in general practice will sooner or later be confronted with the problem of the management of human exposures, be they real or imaginary. Two responsibilities face him. One is the relatively simple procedure of administering antirabic vaccine to persons whose exposure is a definite break through the skin made by the teeth of a known or suspected rabid animal. The second far greater responsibility is the psychologic problem of rabophobia whose victims far outnumber those actually in need of protection.

As very aptly stated by Denison (1), "there is no disease (other than rabies) about which the public is more misinformed. The fears, horrors and superstitions of exposed individuals, magnified by a superabundance of bad advice from well-meaning friends, often produce a state of mental panic before the physician can be reached. Circumstances of exposure so infinitely remote as to make the possibilities of infection ridiculous and unworthy of even momentary consideration often cause extreme mental anguish. Undue apprehension is probably as common a symptom among the many recently exposed persons as it is among the very few who develop the disease clinically. Under such circumstances, the individual is often unable or unwilling to accept medical advice and insists on vaccine treatment, while the physician, too, often fails to maintain a professional equilibrium and allows himself to be influenced by the undue apprehension of the patient."

It may be argued that if antirabic treatment is such an effective antidote for this state of undue apprehension, then its use is justified.

It is my firm belief, after thirty years of practical experience, that antirabic vaccine is not harmless and that it has caused more deaths than has rabies when given to persons only indirectly or remotely exposed.

Since 1925, the laboratories of the Georgia Department of Public Health have furnished treatment for more than 50,000 persons, of which number, seven developed the serious complication known as treatment paralysis (2). Fortunately, paralytic accidents are rare, being only one for every 7,200 persons treated in Georgia. At the International Rabies Conference in Paris in 1927, Marie Remlinger and Vallee reported only 329 cases among 1,164,264 persons treated, a ratio of about one per 3,000.

The etiology of treatment paralysis has not yet been clearly determined but there is in-

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creasing evidence that it is a sensitization or allergic reaction initiated in certain individuals by repeated injections of brain tissue proteins of the rabbit in which the rabies virus antigen is inseparably suspended. That it is not due to rabies virus itself seems to be proven by the experimental production of the same condition with repeated injections of nerve tissue proteins of normal animals and of certain bacterium.

Of the seven cases of treatment paralysis encountered in Georgia, it is interesting to note that:

1. Four terminated fatally.
2. Only two occurred in persons treated because they were actually bitten by rabid dogs.
3. Five were in persons only remotely exposed and were treated mainly to allay undue apprehension. Of these five, three died.
4. Five were in individuals who had previously received antirabic vaccine.

A study of thirty-two post-treatment rabies fatalities occurring among 50,000 persons treated in Georgia since 1925 reveals that:

1. Nineteen, or sixty per cent, of these deaths occurred in persons bitten more or less severely on the face. In no instance did rabies develop following superficial face wounds or exposures, such as claw scratches, licking, bruising, or even teeth scratches not deep enough to cause bleeding. While this obviously emphasizes the danger of severe bites, it indicates the relatively slight danger of superficial exposures. The death rate per 1,000 treated for face bites was 7.9 per cent.
2. Eleven, or thirty-four per cent, of the deaths followed bites on the hands and arms. In only two of these were the wounds described as superficial. The rate per 1,000 treated for hand and arm bites was 0.5 per cent.
3. Only one death, or three per cent, of the total followed bites on the lower extremities, a rate of 0.1 per 1,000 treated.
4. Only one death, or three per cent, of the total followed bites on the body, a rate of 0.1 per cent per 1,000 treated.

To any patient who has definitely or suspectedly been bitten by the teeth of a rabid animal, who has not previously been so treated, the physician is always justified in giving antirabic vaccine in spite of the potential risk of treatment paralysis. But for any exposure other than bites by the teeth, he should refuse treatment or strongly advise against it.

Unfortunately, no record is kept of the number of people who apply for advice regarding a great variety of indirect exposures, but are dissuaded from vaccine treatment. These, however, far exceed the number who receive treatment because it is indicated or because they cannot be dissuaded. Yet, in no instance has rabies developed in any of these.

Beginning in 1947, we adopted the policy of furnishing what we call a precautionary (or psychological) scheme of treatment for exposures other than actual teeth wounds. This consists of only twelve daily injections as compared with twenty-one or more for real exposures. Since that time nearly 10,000 have been of this shorter type. While none died of rabies, four developed treatment paralysis with three deaths.

In the early years of my experience, I must confess to a very low resistance to the pressure of undue apprehension on the assumption that the treatment was harmless, but each year my resistance and confidence have increased until, today, I am practicing and preaching the thesis that rabies is transmissible to man only by direct inoculation of the infected saliva into the flesh deep enough to come in contact with nerve tissues. In nature, this only comes about by wounds made into or through the skin by the teeth of the actively rabid animal. For all so-called exposures where the possibility of such contact can be reasonably ruled out, treatment should not be advised.

Most, if not all, situations of human exposure can be safely disposed of to the best interest of all concerned if the medical advisor, either practicing physician or health officer, will apply in principle the following course of procedure:

The first step is to consider the history of the offending animal. If the evidence falls within the following categories, then the animal should be considered as potentially infectious:

1. The animal is clinically rabid, even though the post-mortem brain examination fails to

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reveal Negri bodies.

2. The brain of the animal shows typical Negri bodies, even though the clinical behavior before death was not suggestive of rabies.

3. The animal disappears after biting, or cannot be definitely identified.

4. Any animal that bites without provocation and is immediately killed should be regarded as suspicious even though the laboratory findings are negative.

Having thus arrived at the conclusion that the animal in question is rabid or that rabies cannot be ruled out, the next step is to direct attention to the nature of the exposure and the need for antirabic treatment. Such treatment is indicated:

1. When there are visible wounds into or through the bare skin that were known or suspected to have been made by the teeth or claws of the animal.

2. When the wounds were inflicted through the clothing which was torn by the teeth of the animal.

3. When there is reason to suspect that the wet saliva came in direct contact with fresh, open or raw pre-existent abrasions.

4. When the person exposed is a small child who has been in direct contact with the animal but is too young to give reliable testimony.

Antirabic treatment is contraindicated:

1. When exposure is limited to contact of the saliva with the unbroken skin anywhere on the body, including the face or mouth.

2. If the saliva came in contact with pre-existent wounds which are known to be more than twenty-four hours old or which are covered with an unbroken scab.

3. If the teeth wounds are made through clothing which is not torn. Such wounds are usually bruises or due to friction from the cloth.

4. If the exposure is limited to:

a. Handling or petting the animal or of other animals with which the infected animal has been fighting.

b. Handling of objects contaminated with the saliva.

c. Drinking the milk of rabid cows or goats.

5. If the bite or scratches were inflicted not less than seven days prior to the detection of visible signs of the disease.

6. If the biting animal remains normal for as long as one week after biting.

Before administering treatment, the medical advisor should never fail to question as to previous treatment. Regardless of the elapsing interval since the last treatment, re-immunization should be avoided for borderline exposures, such as superficial wounds of the extremities. Retreatment should be limited in any case to a short booster series of five or six injections.

I fully realize that the physician will occasionally encounter situations of exposure which may not fall in with the categories as herein outlined: nor will he always be able to cope successfully with every case of undue apprehension. But above all, he should bear in mind that antirabic vaccine is not harmless and that the danger of treatment paralysis is far greater than of rabies in persons not bitten.

It is not hydrophobia but rather rabiphobia which constitutes the major and most troublesome problem to the practicing physician and health officer. The administration of antirabic vaccine to persons actually bitten or scratched by the teeth of known or suspected rabid animals is a relatively simple and justifiable procedure regardless of the outcome, in that the danger of the disease is far greater and more serious than any ill effects from the vaccine, but for exposures other than actual bites, the danger of treatment complications far exceeds that of either rabies or rabiphobia.

REFERENCES

1. DENISON, G. A., and DOWLING, J. D.: "Rabies in Birmingham, Alabama", J.A.M.A. 113, July 29, 1949.
2. SELLERS, T. F.: "Complications of Antirabic Treatment". J. Med. Assn. of Ga., January, 1947.

Reprint from The American Journal of Tropical Medicine,
Volume 28, Number 3, May 1948 pp. 453-456.

PREVENTIVE MEDICINE

INSTRUCTIONS FOR USING SODIUM FLUOROACETATE (COMPOUND 1080) AS A RODENT POISON

Introduction

Sodium fluoroacetate, commonly known as compound 1080, has been found to be highly poisonous to vertebrates on which it had been tested. It is also very toxic to man, several fatal cases having already occurred. For these reasons 1080 is recommended for use only by responsible and qualified persons such as competent federal, state, county and municipal officers, and experienced professional pest control operators. When so employed 1080 has proved to be a very effective rodenticide.

In the interest of public safety, the manufacturer has developed a statement and agreement for purchase of 1080. This agreement provides for the sale of 1080 to qualified purchasers only and precludes the possibility of 1080 being resold or otherwise distributed. It further expresses the need for public liability insurance and the requirement that the purchaser is fully acquainted with information and instructions regarding the use of compound 1080 as a rodenticide.

IN SHOULD NOT BE MADE AVAILABLE TO THE GENERAL PUBLIC, AND EVEN IN THE HANDS OF EXPERIENCED PERSONNEL 1080 SHOULD BE USED WITH EXTREME CARE.

Compound 1080 is stable chemically and, in general, is not corrosive to metals. It is very soluble in water, but relatively insoluble in organic solvents such as kerosene, alcohol, acetone, or in animal and vegetable fats and oils. When powdered 1080 is exposed to air, it takes up water from the atmosphere and becomes quite gummy; it will decompose at approximately 200° C and should not be heated above 110° C (230°F) in preparing any bait.

The high solubility of 1080 in water makes the preparation of baits easy and accurate. Field experience has shown that grain baits prepared by conveying 1080 in an oil-water emulsion are quite resistant to weathering. However, exceptionally humid and rainy conditions will cause poison to leak from such baits.

The presence of 1080 is quickly detected in baits by some mammals and only because small quantities carry the lethal amount is it a successful rodenticide. This often results in considerable residues or uneaten baits which constitute a hazard to beneficial wildlife found in the same habitat. Consequently, bait spots should be adjusted to a minimal size.

Rats apparently do not develop any significant tolerance to 1080 from eating sub-lethal doses. Rats which survive one poisoning may develop an aversion to 1080 during successive operations which may reduce its efficiency after repeated use. In control operations in Southern states, this reaction, if present, has not interfered noticeably with results. The ingestion of sub-lethal doses of 1080 has shown no significant cumulative effect.

The absorption of 1080 from the digestive tract appears to be sufficiently rapid in most cases to allow for the absorption of lethal amounts of 1080 before its effects are apparent. The ease and rapidity of absorption is a major disadvantage in the treatment of accidental poisoning in man and animals.

There is considerable chance of accidental poisoning to human beings because 1080 may easily be mistaken for some common foodstuffs. Its presence as a contaminant in food or water might be unrecognized because of its lack of distinctive taste or odor, and a lethal dose might be consumed without early recognition of toxicity. These facts, coupled with the toxicity of 1080 to man, are of prime importance, especially since there is no known antidote for this poison.

The secondary hazard to dogs, cats, pigs and carnivorous wild animals following the use of compound 1080 in field rodent control is significant. Even such precautions as keeping domestic pets tied up for a period of days after poison is exposed, supplemented by carefully collecting and burning all surface kill that can be located still has not prevented accidental poisoning.

Treatment of 1080 poisoning is entirely symptomatic, and it has been impossible to save an animal poisoned with 1080 once final stages of poisoning have appeared.

PREVENTIVE MEDICINE

DO NOT TAKE CHANCES

THERE IS NO SPECIFIC TREATMENT

GENERAL PRECAUTIONS

1. Compound 1080 is a fine, white fluffy powder similar in appearance to flour, powdered sugar and baking powder. It should be stored in properly labeled containers and warningly colored. A (Nigrosine black) dye for rat control purposes had proved to be the most useful to date. The nigrosine black dye used must pass satisfactorily a biological test criterion established by the Fish and Wildlife Service.

2. Compound 1080, prepared solutions, baits and equipment used in handling 1080 must be stored in a secretly locked place at all times when not in use. All keys to such space must be retained in the possession of trained and entirely reliable individual who alone should be made responsible for 1080, its storage and all operations connected with its use. Regular periodic inventories should be maintained of all stocks of 1080 and 1080 preparations to safeguard the material from irresponsible, untrained or criminally inclined persons. All weighing, measuring and mixing equipment, stock bottles, bait containers and other accessories involved should be labeled poison. Such articles for handling 1080 should be washed immediately after use and reserved for the work with 1080 only.

3. Although 1080 is not volatile, dangerous amounts of dust may be inhaled unless a respirator is worn when handling the pure dry chemical. The weighing or measuring of 1080 powder should be done in a place reserved for that purpose. Such space should be protected from drafts, and if ventilators are present, they should be closed during such operations. Under no circumstances should 1080 powder be weighed or measured out of doors or in open sheds. Care should be taken that all body surfaces and clothing which become accidentally contaminated with 1080 are promptly washed.

4. Under certain conditions 1080 may be absorbed through the unbroken skin. It is easily absorbed through cuts and abrasions of the skin and is poisonous should it enter the body in this manner. Therefore, 1080 must be handled carefully at all times and protective gloves should be worn where there is danger of prolonged or extensive exposure.

5. The principal danger is from swallowing this compound. To keep the hands away from the mouth, the operator should not smoke or eat while working with 1080. After handling, mixing or distributing 1080-poisoned baits, the hands should be thoroughly washed with soap and warm water and then rinsed with clear water. Waste water from such washing should never be thrown upon vegetation that might be eaten by domestic animals.

6. Compound 1080 should be used only in commercial, business and military establishments, on ships, and on guarded municipal dumps. It should be applied only by carefully instructed reliable personnel completely supervised. It must not be used in dwellings.

COMPOUND 1080 AS A RODENTICIDE

A. CONTROL OF RATS AND MICE

Part 1. General Instructions

1. Protected baited stations* and unprotected temporary placement of poisoned baits or solutions should be used as conditions warrant for maximum control and safety. Placement of bait should not follow any predetermined or stereotyped pattern, but should be restricted to spots most likely to be visited by rats. These should be out of the way of human activity. Likewise, frequency of bait placement should be governed by the degree of rat infestation. Exposure of bait for a period of two to three nights often results in increased efficiency over that obtained by shorter exposures.

2. Poisoned Water. Twelve (12) to fourteen (14) grams or no more than 1/2 oz. of 1080 per gallon of water is the recommended concentration. This preparation is effective against roof rats (Alexandrine, black and white bellied), the Norway rats and the house mouse. It is suggested that, whenever possible, 1080 solutions be prepared on the job by dissolving previously weighed or measured quantities of 1080 in requisite amounts of water. Supplies of 1080-poisoned water should be stored and carried only in durable, shatter-resistant receptacles.

PREVENTIVE MEDICINE

Poisoned water should be dispensed carefully by syringe or gravity-feed tubing or by use of a pouring attachment on the 1080 container, to avoid spillings.

Squat-type, 1/2 to 3/4 ounce open containers** should be used to hold the poisoned water. About 1/2 ounce of solution per container is sufficient.

* A bait box or bait station is a safety device, of adequate construction and size, within which there is provided a feeding arrangement such as chicken feeder or watering jar or an anchored food tray. A bait box shall possess a means of ingress and egress for rats and mice not less in area than 2" x 2 1/2", but in no event shall any part of an opening exceed 2 1/2" in height. Such means of ingress and egress must never be obstructed. Bait boxes shall be securely fastened in position and provision made for locking the box at all times. The bait box shall bear conspicuously the standard 1080 legend; namely, "Poison" with skull and crossbones and "1080."

** Note: Uncovered containers for dispensing water solutions of compound 1080 shall: 1) Have a capacity of not more than 3/4 fluid ounces; 2) have a flat base or bottom, the diameter of which is not less than three times the height of the container; 3) be of an off-white or other non-conspicuous color; 4) be marked in a strong contrasting color, both inside and outside, with a distinctive standard legend containing, "Poison - Skull and Crossbones - 1080"; 5) permit no loss of liquid by penetration or seepage for a period of three days.

These should not be put on boxes, ledges, pipes or other unstable mounts, or on or above stock merchandise, grain sacks, or vegetable counters where they may be upset. They should be placed at intervals along runways, in concealed positions behind boxes and boards, or in specially constructed bait stations at a frequency dictated by the degree of infestation. It is recommended that 1080 solution in open containers shall be used only in commercial and business establishments while the plants are closed.

In the deratization of ships, water-resistant, squat-type open containers of 2 ounce capacity into which approximately 1 ounce of 1080 solution is poured, have been used effectively by trained rat control crews.

Following poisoning operations, all combustible water containers should be picked up and burned, and residues of 1080 solutions should be excessively diluted and poured into sewers or allowed to soak into barren, porous soil where there will be no danger of contaminating water supplies.

The re-use of paper cups and old and contaminated solution should not be practiced.

3. Solid Baits: These should be foods of a finely ground or crumb-like consistency that cannot readily be carried away by rat. One (1) ounce of this poison to 28 pounds of food bait is recommended as the proper concentration. Thorough mixing may be aided by first dissolving the 1080 in a small amount of water or blending it with a small amount of one of the bait ingredients, a process to be resorted to immediately preceding mixing.

Solid food baits may be kept in cold storage but never in refrigerated space used for storage of other foods. Compound 1080 does not deteriorate at ordinary temperatures when mixed with bait materials, although the latter may spoil and prevent the use of surplus stored baits.

Bait placement should follow the system previously described under poisoned water. Solid baits may be deposited by use of a teaspoon (or special measuring spoon) at approximately 60 to 80 per pound, depending on the composition of the food used.

All uneaten food baits should be collected at the end of poisoning operations and burned.

4. Concentrations of 1080 greater than those specified should not be used, since secondary poisoning hazards to other animals are definitely increased thereby.

5. If good control of rats does not result from the use of 1080 as recommended, the trouble may lie with the bait or in the way in which it is applied, rather than with the poison. Rats are cautious in the selection of new baits and control methods must be adapted to local conditions.

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6. Poisoned bait preparations, especially water solutions should never be placed where food supplies might be contaminated. Rats can carry partially eaten baits, they often upset water cups, and they tract over stock-piled materials with poison-soiled feet.

7. In the course of collecting uneaten baits and water containers for disposal following poisoning, these leftovers should be handled with the same care used in distributing the original bait, since the poison is still present and is as potent as when first exposed.

8. The bodies of all poisoned rats and mice should be recovered and destroyed by complete burning or deep burial. Include all dried carcasses in this recovery procedure, since they may remain dangerous to pets for an indefinite period. Aside from the prevention of secondary poisoning of cats and dogs, this procedure favors good sanitation and reduces objectionable odors.

9. Operators should keep a detailed written record of all 1080 received and dispensed. This should include notes on the sites where baits are placed, time of day and date, the amount and concentration of poisoned water and bait used, the number of individual placements in each room, the type of building or area treated, and its sanitary condition, and a record of the person responsible for handling the project. A diagram or chart indicating the precise location of each placement should be prepared and at the close of operations every bait or container of solution should be accounted for. The efficiency of the operation should also be recorded.

Part II - Instructions for Food Handling Establishments

1. In food handling establishments, open containers that are sometimes tipped, spilled or otherwise moved should not be used. Instead, it is recommended that heavy glass caster cups or water founts be placed in covered bait boxes. This procedure may be varied only if another practiced method precludes the possible contamination of food stocks. It must be remembered however, that careless or uninstructed plant employees may place food stocks on 1080 baits laid in the open or overturn unprotected containers.

2. Extreme caution must be exercised in rooms where food is mixed, baked, or otherwise formulated to avoid contamination.

B. FIELD RODENTS

1. Control of field rodents is a complex procedure which should be handled only by experienced persons, particularly since careless use of 1080 would endanger beneficial wildlife and domestic livestock. This work should be entrusted solely to those federal, state and other recognized, experienced or responsible groups delegated to conduct and supervise such activities.

2. Field rodents such as ground squirrels and prairie dogs are more susceptible to 1080 poisoning than are rats. Specific methods used in control work vary with the species of rodent concerned as well as with factors of environment, weather and season. Accordingly, the types of baits and methods of application must be adjusted to the local conditions which prevail during the prosecution of each individual project.

3. The outstanding sensitivity of dogs to 1080 has made it possible for them to be killed by eating carcasses of prairie dogs or other rodents which had been killed with 1080. Consequently, it is essential to recognize that these animals will be endangered to an unusual degree when 1080 is exposed. Experience has also shown that cats and some other flesh-eating mammals may be killed by secondary poisoning.

4. Under present arrangements, all 1080 grain baits for use in field rodent control by the Fish and Wildlife Service are prepared at the Pocatello Supply Depot where they are made available for use, under Service supervision, on cooperative projects.

C. PREDATORY ANIMALS

Since extreme caution must be exercised in the handling of 1080 for control of predatory animals, chiefly coyotes, its use should be confined to activities under direct supervision of responsible governmental agencies. To recommend other wise might encourage practices endangering humans,

PREVENTIVE MEDICINE

livestock, and valuable wildlife. It is this essential that use of 1080 in predator control be restricted to agencies having public responsibility.

TREATMENT OF 1080 POISONING IN MAN

A. FIRST AID

In the event of 1080 poisoning, the patient should be kept as quiet as possible. Vomiting should be promptly induced by sticking a finger in the throat or by the use of other methods. This should be followed by giving a dose of magnesium sulfate (Epsom salts), or other cathartic, as a purge. CALL A PHYSICIAN IMMEDIATELY!

B. INSTRUCTIONS FOR THE PHYSICIAN

Compound 1080 exerts its action on the myocardium and central nervous system in man.

The central nervous system reaction is manifested by epileptiform convulsions. Any central nervous system excitation should be controlled by the judicious use of barbiturates of medium duration of action, such as sodium amytal. The intravenous route of administration should be used if necessary. The cardiac status should be carefully followed, preferably by the electrocardiogram. Evidence of arrhythmia or marked change in the shape of the T-wave is of great prognostic significance.

The effect on the heart is the primary cause of death. It is first manifested by pulsus alternans. This is evidenced by alternation of heart sounds, alternation in the force of contraction leading to a 50% pulse deficit and alternation in the electrocardiogram. Later, premature systoles appear and death eventually results from ventricular fibrillation.

Aside from complete rest and adequate sedation to allay apprehension, there is little that can be done to prevent the progression of cardiac symptoms. Should ventricular fibrillation occur, the heroic procedure of intracardiac injection of 5 cc of a 1% solution of procaine hydrochloride might be tried in an attempt to restore an organized heart beat.

THERE IS NO KNOWN ANTIDOTE

Symptoms of 1080 poisoning may subside within 12 to 24 hours but have been observed to persist for as long as several days. However, if the patient gives evidence of any sign of action on the myocardium, he should be kept at complete bed rest for a period of three days.

The principal danger of accidental poisoning results directly from the ingestion of this compound. Being highly water soluble, the poisoning through contaminated drinking water should be kept in mind. There is the possibility of inhaling dangerous amounts of dust when working with the powder.

GENERAL REMARKS

The recommendations presented in this brochure are those of the Subcommittee on Mammalogy of the Chemical-Biological Coordination Center of the National Research Council. They are based on data and information furnished by the following organizations: Fish and Wildlife Service, United States Department of the Interior; United States Public Health Service and the Food and Drug Administration, Federal Security Agency; Medical Department, Corps of Engineers, Quartermaster Corps, Chemical Corps and the Typhus Commission of the Department of the Army; Bureau of Medicine and Surgery of the Department of the Navy (all in Washington, D.C.); The British Commonwealth Scientific Office, 1875 Massachusetts Ave., N.W., Washington, D.C.; The Pan American Sanitary Bureau, 2101 Connecticut Avenue, N.W., Washington, D.C.; The Texas State Department of Health, Austin, Texas; the University of Chicago Toxicity Laboratory, 930 East 58th St., Chicago 57, Ill., The Committee on Medical Research and the National Defense Research Committee of the former Office of Scientific Research and Development, Washington, D.C., and the Monsanto Chemical Company, St. Louis, Mo.

ADMINISTRATIVE DIVISION

HEALTH HINTS FOR SUMMER MONTHS

1. Be sure the drinking water you use is safe.
2. Sandwiches containing meat and mayonnaise should be kept in as cool a place as possible.
3. Puddings, salads, cream pastries must be kept refrigerated until used. They form an ideal media for growth of bacteria during warm weather.
4. Control insects by use of repellents, powders, sprays, nets.
5. Avoid over exposure to the sun.
6. Wash hands before eating.
7. Increase water and salt intake during summer months. (This can be accomplished by additional salt on food. Only in case of arduous, prolonged labor where there is excessive perspiration need salt tablets be used. Reference is made to Monthly Health Bulletin May 1949, page 8-9.)
8. Do not neglect cuts, and skin infections.

INTERNATIONAL CERTIFICATE OF INOCULATION AND VACCINATION

SR 40-210-10 provides for the use of "The International Certificate of Inoculation and Vaccination (Form PHS-731 (IHR)) form approved by World Health Organization and the Pan American Sanitary Organization for the certification of immunization administered to individuals in connection with foreign travel.

All persons traveling under the cognizance of the Army beyond the continental limits of the United States, except those proceeding directly to Alaska, Canada, Mexico, Newfoundland and United States occupied areas with no other travel involved, will be furnished with a properly completed and validated Form PHS-731 (IHR), if they have not already obtained one.

Medical officers can transcribe the necessary data from the Immunization Register (WD AGO Form 8-117) to the international form and add the statement, in case of prescribed immunization already received and currently acceptable, as follows:

"I hereby certify that the entries made on the certificate have been prepared from official Army records which I consider to be entirely reliable."

(Name)

(Rank)

(Title)

On the frontispiece of the form of every international certificate of inoculation and vaccination prepared in an Army installation will be validated by a medical officer with his signature, official title, and the phrase "For the U. S. Public Health Service". Impression seal of the U. S. Public Health Service is not required on this form.

WHITE HOSPITAL UNIFORM

The white hospital uniform for members of the Army Nurse Corps and Women's Medical Specialist Corps is authorized for wear immediately, but will not be required for wear prior to 1 July 1951. This uniform will not be available from the Quartermaster Corps until such time as it becomes the required uniform, but may be purchased commercially. Personnel purchasing the white uniform will be held responsible that the uniform conforms to United States Army specification.

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GENERAL COMMENT

The health of the command continued to be excellent.

Unless otherwise indicated, reference to disease and injuries in this publication applies to all Class I and Class II installations exclusive of Walter Reed General Hospital. Rates are calculated on the basis of a thousand mean strength per year. Statistics presently reported by Army medical installations do include those Air Force personnel who are treated or hospitalized at the reporting unit on a casual basis, since reciprocal use of other service's medical installations is made. Air Force statistics are tabulated separately for units having Air Force personnel assigned. (See General Data and Admissions Tables on page 14).

The non-effective rate* declined from the April rate of 12.04 to 10.71 for the month of May. Days lost as a result of disease and injury totaled 5,280 during the four week period ending 26 May 1950.

*Non-Effective Rate -- $\frac{\text{Total Days lost} \times 1,000}{\text{No. of Days Average Daily in Period} \times \text{Strength}}$

Non-effective rates indicate the average number of patients in hospital or quarters per thousand mean strength during the report period.

The total admission rate** for disease and injury in May was 360.4, compared to 443.4 during April. Total admission for disease and injury in May was 487. Of this number, 441 admissions were for disease and 46 for injuries. Fort Myer reported the highest admission rate, and General Dispensary, USA, The Pentagon, reported the lowest rate during the current month.

**Admission Rates -- $\frac{1,000 \times 365 \times \text{Number of Cases}}{\text{Mean Strength} \times \text{No. of Days in Period}}$

Admission rates show the number of cases per thousand strength that would occur during a year if cases occurred throughout the year at the same rate as in the report period.

May's rate for disease cases is 326.4 for 441 cases. Fort Myer reported the highest admission rate, and General Dispensary, USA, The Pentagon, reported the lowest rate for disease cases.

The injury admission rate of 34 per 1,000 per annum for May represents approximately the same rate in admissions for these conditions as the rate for April. The rate reported for the previous month as 33 per 1,000 per annum. Fort McNair reported the highest rate and General Dispensary, USA, The Pentagon, reported the lowest rate for injuries.

There were no deaths reported during the four week period ending 26 May 1950, by units within the Military District of Washington less Walter Reed General Hospital.

COMMUNICABLE DISEASE

Common respiratory diseases decreased in incidence during the month of May, 1950. The rate for the present month is 132 compared to the April rate of 168. Fort Belvoir reported the highest rate, and General Dispensary, USA, The Pentagon, reported the lowest rate. Admission rates for pneumonia (all types) declined during the May report period. The rate being 3.7, compared with the April rate of 5.3. There were no cases of scarlet fever reported throughout the month of May.

No appreciable change was noted in the rate for mumps, tuberculosis, rheumatic fever, diarrheal disease, and hepatitis during the four week period ending 26 May 1950.

Pertinent statistical tables may be found on pages 14 and 18.

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GENERAL DATA
4-week Period Ending 26 May 1950
(Data from WD AGO Forms 8-122)

	MEAN STRENGTH			DIRECT ADMISSIONS						Non-Effective Rate	Number of Deaths
	Total	White	Negro	All Causes		Disease		Injuries			
				Cases	Rates	Cases	Rates	Cases	Rates		
Fort Belvoir (A)	8539	7250	1287	254	387.7	236	360.3	18	27.4	10.36	0
(AF)	168	160	8	5	388.0	5	388.0	0	-	15.94	0
Fort McNair (A)	852	780	72	21	321.3	16	244.8	5	76.5	9.81	0
(AF)	94	94	0	0	-	0	-	0	-	-	0
Fort Myer (A)	1462	1276	186	51	454.7	45	401.2	6	53.5	10.58	0
(AF)	0	0	0	0	-	0	-	0	-	-	0
South Post, Fort Myer (A)	1575	1575	0	47	389.0	42	347.7	5	41.3	12.45	0
(AF)	0	0	0	0	-	0	-	0	-	-	0
General Dispensary, (A)	3402	3368	34	65	249.1	62	237.6	3	11.5	14.62	0
USA (AF)	3400	3372	28	69	264.5	65	249.2	4	15.3	13.42	0
All Others (A)	1782	1782	0	49	358.4	40	292.6	9	65.8	3.87	0
(AF)	84	84	0	3	465.5	3	465.5	0	-	11.90	0
Total Mil Dist of Wash (A)	17612	16033	1579	487	360.4	441	326.4	46	34.0	10.71	0
(AF)	3746	3710	36	77	268.0	73	254.0	4	14.0	13.17	0
AMC - Med Det (Duty Pers) *	1885	1747	138	75	518.6	70	484.1	5	34.5	6.06	0
AMC - Med Hold Det *	1768	1639	219	118	870.0	104	766.8	14	103.2	995.52	8
AMC - Total (Army)	2995	2760	235	161	700.7	148	644.1	13	56.6	436.81	6
AMC - Total (Air Force)	658	626	32	32	-	26	-	6	-	704.03	2
AMC - Total (A & AF)	3653	3386	267	193	688.7	174	620.9	19	67.8	484.94	8
Total - Dept/Army Units	20607	18793	1814	648	409.9	589	372.6	59	37.3	72.64	6
Total-Dept/Air Force Units	4404	4336	68	109	322.6	99	293.0	10	29.6	116.39	2
*Army and Air Force personnel included											

ADMISSIONS, SPECIFIED DISEASES - RATE PER 1000 PER YEAR
4-week Period Ending 26 May 1950
(Data from WD AGO Forms 8-122)

	Common Respiratory Disease	Pneumonia All Types	Pneumonia Atypical	Influenza	Measles	Mumps	Scarlet Fever	Tuberculosis	Rheumatic Fever	Diar-rheal Disease	Hepa-titis	Mala-ria	Psychi-atric Disease
Fort Belvoir (A)	178.6	3.1	3.1	-	15.3	12.2	-	1.5	1.5	-	4.6	-	7.6
(AF)	77.6	-	-	-	-	-	-	-	-	-	-	-	-
Fort McNair (A)	61.2	-	-	-	-	-	-	-	-	-	-	-	-
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
Fort Myer (A)	115.9	-	-	98.1	-	-	-	8.9	-	-	-	-	-
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
South Post, Fort (A)	157.2	-	-	-	-	8.3	-	-	-	-	8.3	-	-
Myer (AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
General Dispensary, (A)	57.5	11.5	11.5	38.3	-	15.3	-	-	-	-	-	-	7.7
USA (AF)	92.0	-	3.8	19.2	-	7.7	-	-	-	-	-	-	-
All Others (A)	73.1	-	-	-	-	-	-	-	-	7.3	-	-	-
(AF)	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Mil Dist of Wash (A)	131.7	3.7	3.7	15.5	7.4	9.6	-	1.5	.7	.7	3.0	-	5.2
(AF)	87.0	3.5	3.5	17.4	-	7.0	-	-	-	-	-	-	-
AMC - Med Det (Duty Pers)*	-	-	-	-	-	-	-	-	-	-	-	-	-
AMC - Med Hold Det*	29.5	7.4	-	-	-	-	-	7.4	-	-	22.1	-	14.7
AMC - Total (Army)	13.1	-	-	-	-	-	-	4.4	-	-	8.7	-	28.7
AMC - Total (Air Force)	19.8	19.8	-	-	-	-	-	-	-	-	19.8	-	-
AMC - Total (A & AF)	14.3	3.6	-	-	-	-	-	3.6	-	-	10.7	-	7.1
Total Dept/Army Units	114.5	3.2	3.2	13.3	6.3	8.2	-	1.9	.6	.6	3.8	-	5.7
Total Dept/Air Force Units	77.0	5.9	3.0	14.8	-	5.9	-	-	-	-	3.0	-	-
* Army and Air Force Personnel Included													

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VENEREAL DISEASE

Venereal Disease rate among units within the Military District of Washington decreased during the May report period.

The rate for May 1950 was 5.92, a decrease over the April rate of 12.80. A total of 8 cases were reported for the four week period ending 26 May 1950. Of this total 6 were report by Fort Belvoir, and one each from South Post, Fort Myer and Fort McNair.

During the report period, white personnel incurred 5 of the reported number of cases, with a rate of 4.07 and 3 were incurred by Negro personnel, with a resulting rate of 24.77 per 1000 troops per annum.

In order to enable non-professional personnel to more intelligently understand the rates of cases to personnel on duty at each designated station, we have undertaken to report the number of cases per 1000 men for this report period (May) in addition to the rate per 1000 men per annum which is not always clearly understood and is often misinterpreted.

Pertinent statistical tables and charts may be found on pages 16, 17, 18 and 19.

NEW VENEREAL DISEASE CASES - EXCL EPTS - MARCH, APRIL AND MAY 1950

	Rate per 1000 per year	Rate per 1000 per year	Rate per 1000 per year	Cases per 1000 Troops
STATION	MARCH 50	APRIL 50	MAY 50	MAY 50
Fort Belvoir	23.06	21.77	9.16	.702
Fort McNair	23.54	-	12.30	1.173
Fort Myer	-	8.74	-	-
South Post, Fort Myer	-	8.15	8.28	.634
General Dispensary, USA	-	3.82	-	-
All Others	-	-	-	-
Total Mil Dist Wash Units	12.15	12.80	5.92	.454
Army Medical Center - Total	7.49	8.89	4.35	.333
Total Dept/Army Units	11.50	12.23	5.69	.436
Mil Dist of Washington				

CONTACT HISTORY OF VENEREAL DISEASE AMONG MILITARY PERSONNEL

A study of the Venereal Disease Contact Reports received in this headquarters indicates the need for more concern by the persons responsible for interviewing individuals being treated for cases of venereal disease and obtaining information relative to the contact history of the case.

The present methods of cooperating with civilian health authorities by the use of the Contact Report of Venereal Disease form is an effective one only if sufficient information is provided to insure reasonable success in locating and identifying the person named therein.

The responsibility for full and accurate completion of the report of contact rests with the Medical Officer who treats the case, even though actual interview and preparation may be delegated to a subordinate. He should review each report as it is presented to him to ascertain that there are not an excessive number of unanswered or negatively answered questions that would preclude a successful follow up.

With accurate preparation, the Contact History of Venereal Disease can be of great value in fighting VD at its source, therefore, the Medical Officer responsible for treatment of the patient must see that a diligent and constant attempt is made by himself and his subordinates to eliminate the unknowns and to replace them with entries that will assist investigators in locating the individuals and places described.

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CHART 1

ADMISSION RATES BY MONTH, ALL CAUSES, COMMON RESPIRATORY DISEASE AND INJURY
MDW RATE PER 1000 TROOPS PER YEAR

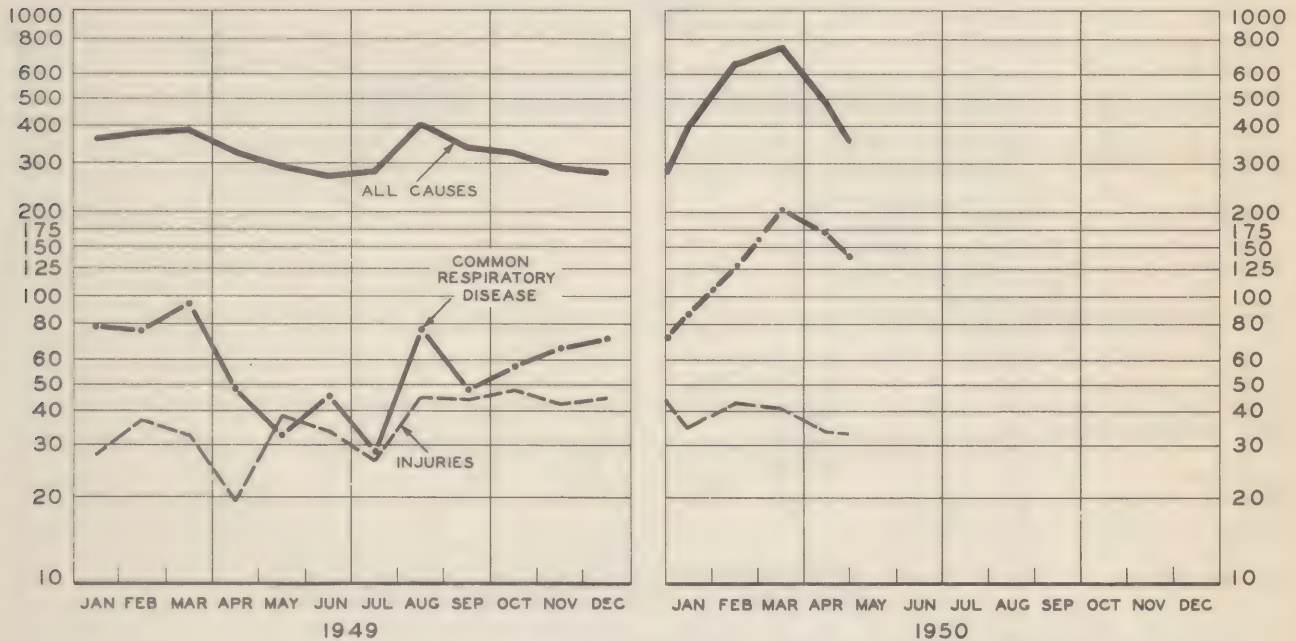
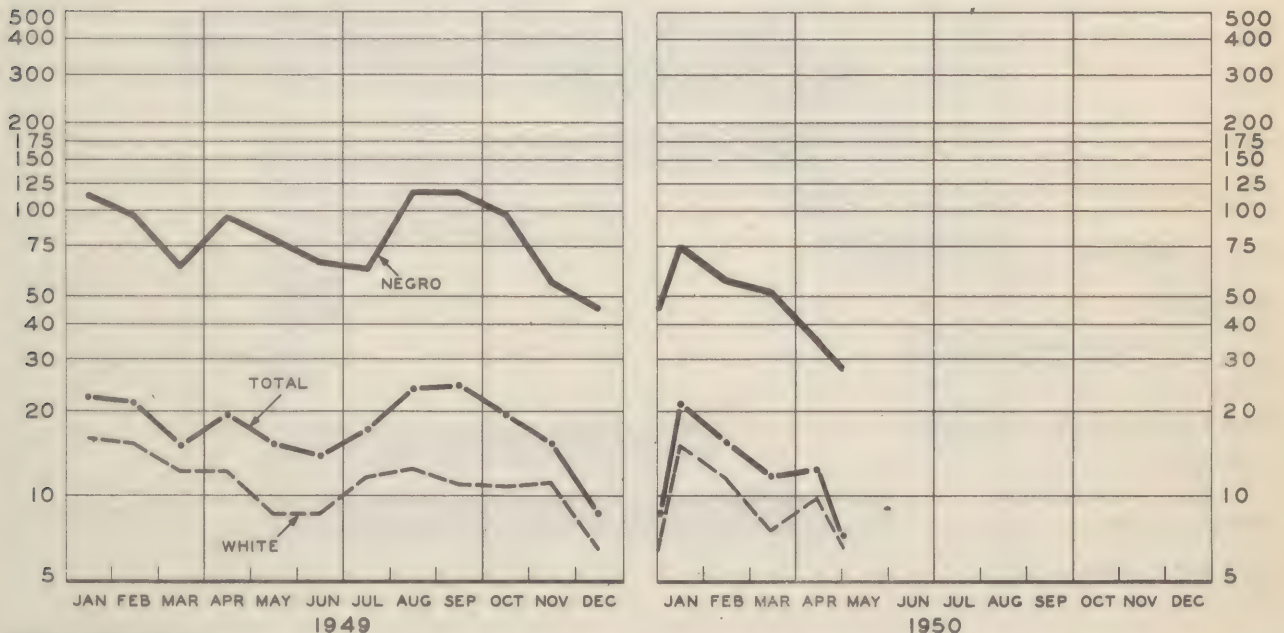
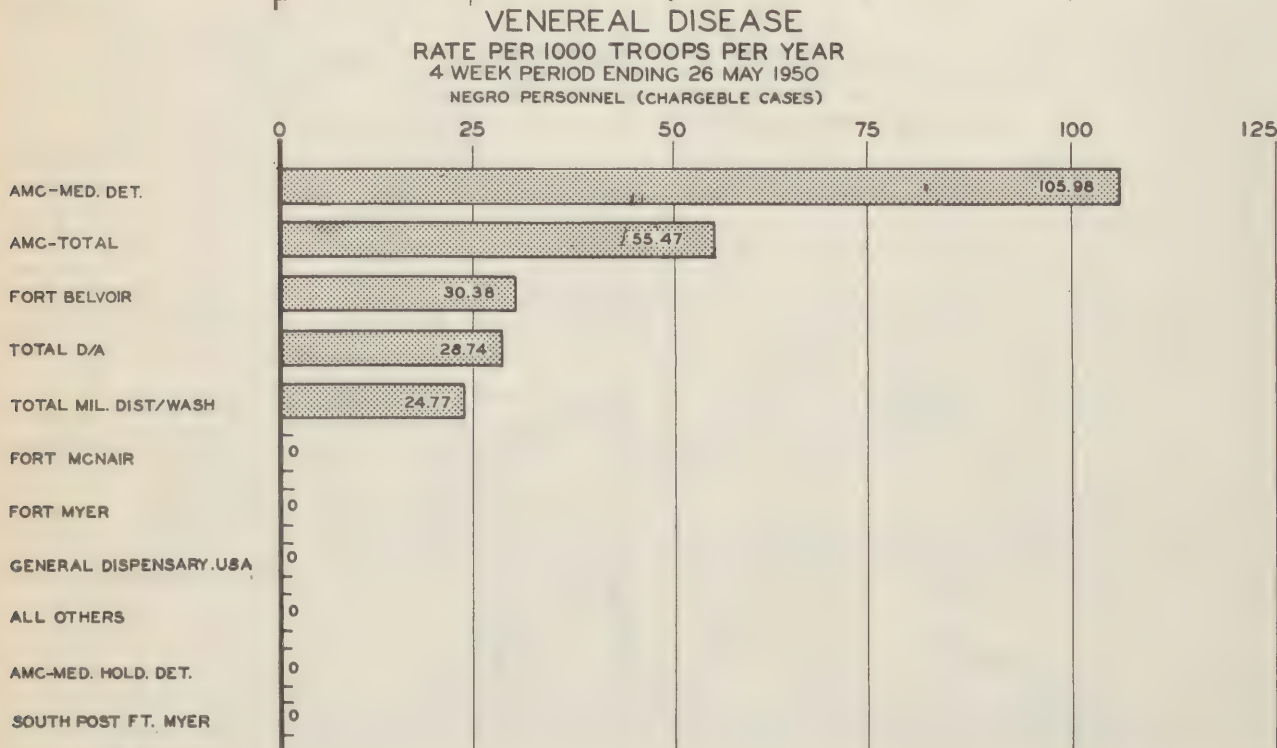
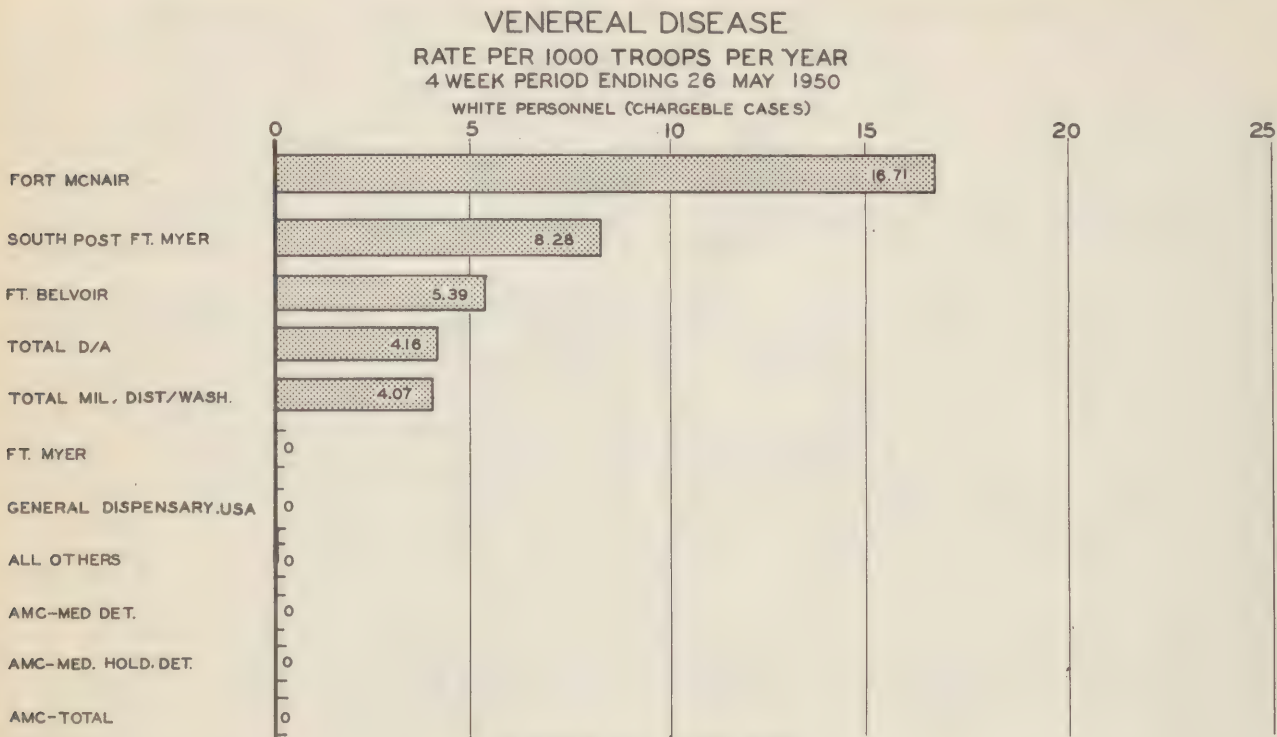


CHART 2

ADMISSION RATES BY MONTH VENEREAL DISEASES MDW INCL. ARMY MEDICAL CENTER
RATES PER 1000 TROOPS PER YEAR

INCLUDES ALL CASES REPORTED ON WD AGO 8-122 EXCEPTING THOSE EPTS





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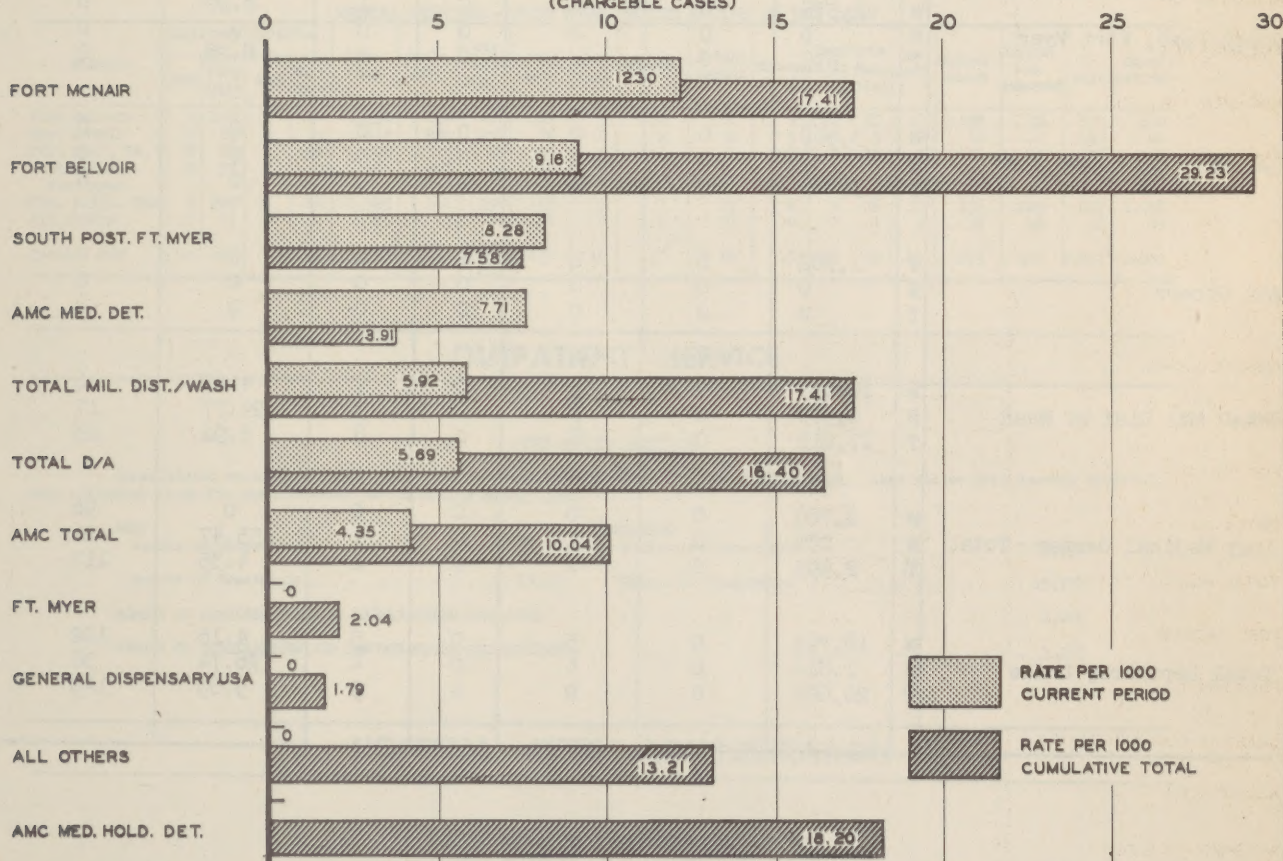
VENEREAL DISEASE RATES FOR US*

(All Army Troops)

	MARCH 1950	APRIL 1950	MAY 1950
First Army Area	17	11	12
Second Army Area	16	17	14
Mil District of Washington	11	12	6
Third Army Area	24	27	23
Fourth Army Area	13	11	12
Fifth Army Area	19	13	13
Sixth Army Area	20	21	18
TOTAL United States	18	18	15

*Compiled in the Office of the Surgeon General and Includes General Hospitals

VENEREAL DISEASE RATES PER 1000 PER YEAR FOUR WEEK & CUMULATIVE TOTALS ENDING 26 MAY 1950 TOTAL WHITE & NEGRO PERSONNEL (CHARGEABLE CASES)



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RESTRICTED**PREVENTIVE MEDICINE****CONSOLIDATED MONTHLY VENEREAL DISEASE STATISTICAL REPORT**

For the Four Week period Ending 26 May 1950

(Data from WD AGO 8-122) (Chargeable Cases)

STATION	R A C E	Mean Strength	Number of Cases-EPTS Not Included				Rate per 1000 Troops per Annum	Total Days Lost From Duty (Old & New Cases)
			Syphilis	Gonorrhea	Other	Total		
Fort Belvoir	W	7,252	0	3	0	3	5.38	6
	N	1,287	0	3	0	3	30.38	17
	T	8,539	0	6	0	6	9.16	23
Fort McMain	W	780	0	1	0	1	16.71	0
	N	72	0	0	0	0	0	0
	T	852	0	1	0	1	12.30	0
	W	1,276	0	0	0	0	0	0
	N	186	0	0	0	0	0	0
	T	1,462	0	0	0	0	0	0
South Post, Fort Myer	W	1,575	0	1	0	1	8.28	0
	N	0	0	0	0	0	0	0
	T	1,575	0	1	0	1	8.28	0
General Dispensary, USA	W	3,368	0	0	0	0	0	0
	N	34	0	0	0	0	0	0
	T	3,402	0	0	0	0	0	0
All Others	W	1,782	0	0	0	0	0	0
	N	0	0	0	0	0	0	0
	T	0	0	0	0	0	0	0
Total Mil Dist of Wash	W	16,033	0	5	0	5	4.07	6
	N	1,579	0	3	0	3	24.77	17
	T	17,612	0	8	0	8	5.92	23
Army Medical Center - Total	W	2,760	0	0	0	0	0	96
	N	235	0	1	0	1	55.47	21
	T	2,995	0	1	0	1	4.35	117
Total Dept/Army Units	W	18,793	0	5	0	5	4.16	102
	N	1,814	0	4	0	4	28.74	38
	T	20,607	0	9	0	9	5.69	140

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VETERINARY SERVICE

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POUNDS MEAT AND MEAT FOOD AND DAIRY PRODUCTS INSPECTED MAY 1950
(Data obtained from WD AGO Forms 8-134)

	CLASS * 3	CLASS * 4	CLASS * 5	CLASS * 6	CLASS * 7	CLASS * 8	CLASS * 9	TOTAL
Fort Leslie J. McNair		65,741	107,420		138,203		56,852	368,216
Fort Belvoir, Virginia		329,654	256,135		627,320	95,094	196,710	1,504,913
Potomac Yards Distribution Point		450,133	59,195	515,231			58,749	1,083,308
Fort Myer, Virginia		194,756	193,156	63	440,655	6,856	104,847	940,333
Cameron Station, Alexandria, Va.		138,886	75,693	2,160	198,050	4,296	79,204	498,289
Mil Dist/Washington Vet Det.	554,674							554,674
The Pentagon						270,334		270,334
TOTAL	554,674	1,179,170	691,599	517,454	1,404,228	376,580	496,362	5,220,067
REJECTIONS:								
Insanitary or Unsound								
Potomac Yards Dist Point		7,315						7,315
Fort Leslie J. McNair		60						60
Mil Dist/Washington Vet Det.	602							602
Not type, class or grade								
Potomac Yards Dist Point		757						757
Mil Dist/Washington Vet Det	47,943							47,943
Cameron Station, Virginia	48,545	8,328		60				456
				60				57,133

*Class 3 - Prior to Purchase
*Class 4 - On delivery at Purchase
*Class 5 - Any Receipt except Purchase
*Class 6 - Prior to Shipment

*Class 7 - At Issue
*Class 8 - Purchase by Post Exchange, Clubs, Messes or Post Restaurants
*Class 9 - Storage

DENTAL SERVICE

DENTAL SERVICE - FOUR WEEK PERIOD ENDING 26 MAY 1950

STATION	Military		Civilian		Sit- tings	Amal- gam	Oxy and Amal	Sili- cate	In- lays	Bridges	Bridge Repair	Crowns	Dentures Full Par- tial	Re- pair	Extra- ctions	Calcu- lus Removed	X- Rays	Exami- nations	
	Men	Duty Days	Men	Duty Days															
Fort Belvoir	7	199	1	20	1,396	254	437	107	3	20	6	3	20	30	17	355	118	544	600
Fort McNair	2	62	1	5	442	285	216	76	2	1	0	3	0	9	2	38	27	193	68
Fort Myer, Va.	2	62	1	22	894	312	80	35	9	1	1	2	6	16	5	102	22	472	200
South Post, Fort Myer	2	57	0	0	315	227	74	39	0	0	2	0	1	7	0	33	15	109	54
Gen. Disp., USA	7	209	2	14	2,323	642	150	158	2	3	9	2	9	16	19	133	225	697	1,038
All Others	2	31	0	0	165	43	46	18	0	0	0	0	0	1	4	12	10	28	80
Total - MDW	22	620	5	61	5,535	1,736	1,003	433	16	25	18	10	36	79	47	673	417	2,043	2,040

OUTPATIENT SERVICE

OUTPATIENT SERVICE

Consolidated statistical data on outpatient service, Military District of Washington, less Walter Reed General Hospital, are indicated below for the four-week period ending 26 May 1950:

ARMY:	NON-ARMY:
Number of Outpatients. 3,143	Number of Outpatients. 5,599
Number of Treatments. 13,671	Number of Treatments. 15,778
NUMBER OF COMPLETE PHYSICAL EXAMINATIONS CONDUCTED	1,046
NUMBER OF VACCINATIONS AND IMMUNIZATIONS ADMINISTERED.	3,337

HOSPITAL MESS ADMINISTRATION

HOSPITAL MESS ADMINISTRATION

STATION	FEBRUARY 1950	MARCH 1950	APRIL 1950	MAY 1950
FORT BELVOIR				
Income per Ration	\$1.057	\$1.058	\$1.041	\$1.026
Expense per Ration	1.039	0.980	1.055	1.073
Gain or Loss	0.078	0.018	-0.013	-0.047

RESTRICTED

ADMINISTRATIVE DIVISION

The following list of publications is of particular interest to the Medical Department:

SR No.	DEPARTMENT OF THE ARMY SPECIAL REGULATIONS Subject	Date
40-590-48	Medical Service -- Report of treatment of pay patients	5 May 1950
40-590-49	Medical Service -- Admission and treatment of civilian employees of cost-plus-a-fixed-fee contractors of D/A in medical treatment facilities of departments outside continental U. S.	26 May 1950
40-1080-10	Medical Service -- Report of bed capacity and bed status by fixed medical treatment facilities	15 May 1950
140-190-2	ORC -- Utilization and training of officers in research and development	2 May 1950
600-450-1 C-1	Personnel -- Physical evaluation; hospitalization; disposition; separation for physical reasons	23 May 1950
615-180-1	Enlisted Personnel -- Joint examining and induction procedure	27 Apr 1950

Cir. No.	MILITARY DISTRICT OF WASHINGTON CIRCULARS Subject	Date
15	Examining and Computing Agency	2 May 1950
17	Examining Agencies and Computing Agencies	22 May 1950
18	Officers Volunteer Category Statements	1 Jun 1950
20 (Sec. IV)	Discharge or Release from Active Duty of a Nurse or MSC Officer	13 Jun 1950

Memo No.	MILITARY DISTRICT OF WASHINGTON MEMORANDA Subject	Date
31	List of officers under the jurisdiction of this Headquarters with Section, Duty Assignment and Telephone Number	24 May 1950
26	Indoctrination Course Atomic Energy Information - Phase II	17 May 1950
29	Recent amendments to the Vehicle License Ordinance of Arlington County, Virginia	19 May 1950

Cir. No.	DEPARTMENT OF THE ARMY CIRCULARS Subject	Date
32 (Sec. III)	Army Nurse Corps and Womens Medical Specialist Corps, Regular Army	5 Jun 1950
13	Rodenticide Solium Monofluoracetate	1 May 1950
14	USMA Graduates Class of 1947	1 Mar 1950
15	Communication with Veterans Administration	15 Mar 1950

ANWMC File No.	PUBLICATIONS ORIGINATED IN OFFICE OF SURGEON, MDW Subject	Date
720.15	Warning on the consumption of raw milk	12 Jun 1950

